

Other Important Matters

Are you a Canadian citizen? Yes No

Do you authorize the CRA to provide information about you to Elections Canada? Yes No

Do you own/hold foreign property with a total cost of more than \$100,000 (CAD)? Yes No

Have you made installment payments for the tax year? Yes No

If yes, how much?: \$ _____

Do you want your tax refund deposited directly to your bank account? Transit # Inst. # Account #

Yes (please provide a void cheque or direct deposit) Direct deposit requested last year No

How do you want your tax return delivered once it has been completed by us? (Please check all that apply)

- Electronic copy sent to your email Mailed to your home address Courier to your home address
- Hold for pick-up Other (please specify): _____

Source of Income

If you have any of the following sources of income, please check all those that apply. Please send tax slips to us in all cases.

Source:	Slips to attach:
Employment income	T4
Commission income	T4 or T4A
Profit sharing income	T4PS
Taxable disability income	T4A
Old Age Security	T4(OAS)
Canada Pension Plan	T4AP
Other pensions/annuities	T4A
Employment insurance benefits	T4E
Dividend income	T3 or T5
Interest income	T3 or T5
Limited partnership income	T5013
RRSP income	T4RSP
RRSP withdrawals	T4RSP
RRIF income	T4RIF
Scholarships & bursaries	T4A
Worker's compensation benefits	T5007
Social assistance payments	T5007
Self-employed income	Summarize on page 3
Rental income	Summarize on page 4
Sale of investments (T5008)	Summarize on page 4
Sale of real estate	Summarize on page 4
Spousal support received	\$ _____
Child support	\$ _____
Tips & gratuities	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

Deductions and Tax Credits Available

If you have any of the following deductions and tax credits, please check all those that apply. Please include receipts or supporting documents in all cases.

Deductions and Tax Credits:

RRSP contributions

RRSP contributions - Spouse

Union dues & professional fees

Child care expenses

Moving expenses

Interest paid on investment loans

Investment counseling fees

Interest paid on student loans

Tuition fees - Self T2202

Tuition fees - Spouse/Children

Charitable donations

Political party contributions - Federal/Political

First-time home buyer's amount

Home Buyer's Plan withdrawals/payments

Lifelong Learning Plan withdrawals/payments

Employment expenses Summarize on page 3

Spousal support payment \$ _____

Medical expenses \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Notes

If you need to clarify any of your income and/or deductions OR have any other income and/or deductions that are not listed on the previous page that you need to explain, please write them in the box below. *Please attach supporting receipts.*

Employment Expenses

Please provide us with a signed T2200 - Declaration of Conditions of Employment from your employer.

Travel \$ _____
Parking \$ _____
Supplies (stationary, other) \$ _____
Telephone \$ _____
Salaries paid to an assistant \$ _____
Office rent \$ _____
Vehicle expenses Summarize on this page
Home office expenses Summarize on this page

The following expenses apply to commission employees only:

Accounting & legal \$ _____
Advertising & promotion \$ _____
Meals & entertainment \$ _____
Rental of office equipment \$ _____
Training \$ _____

Vehicle Expenses

Year, make & model: _____
Purchase/sale price: \$ _____
Date of purchase (MM/DD/YY): ____/____/____
OR Date lease began (MM/DD/YY): ____/____/____
Kilometres (km) driven for business purposes in the year:
_____ km
Total kilometres (km) driven in the year: _____ km

Expenses (Annual Amount):

Fuel \$ _____
Repairs & maintenance \$ _____
Insurance \$ _____
Licensing & registration fees \$ _____
Loan interest \$ _____
Lease payments \$ _____
Car washes \$ _____
Parking (for business purposes only) \$ _____
Other \$ _____

Self-Employed Income & Expenses

Name of Business: _____
Type of Business: _____
Name of Partner: _____ % owned: ____%
SIN # of Partner: _____

Business Number: _____ (if applicable)
Access Code #: _____ (For HST/GST Return)

Are we preparing your GST/HST Return? Yes No
(If yes, please attach copy of previous year's return)

Do the following amounts below include GST/HST?

	Yes	No
Revenue		\$ _____

Expenses:

HST on sales collected \$ _____
Meals & entertainment \$ _____
Insurance \$ _____
Interest & bank charges \$ _____
Licenses, dues, memberships & subscriptions \$ _____
Office expenses \$ _____
Supplies \$ _____
Legal, accounting & other professional fees .. \$ _____
Rental \$ _____
Salaries \$ _____
Travel \$ _____
Telephone \$ _____
Vehicle expenses Summarize on this page
_____ \$ _____

Home Office (For Self-Employed & Employment Expenses)

Total % of home used for business/employment: _____%
Total square feet of home: _____sqft
Heat \$ _____
Hydro \$ _____
Water \$ _____
Repairs & maintenance \$ _____
Insurance \$ _____
Property taxes \$ _____
Rent \$ _____
Mortgage interest (self-employed only) ... \$ _____

Home Office Expenses (During the COVID-19 Pandemic)

Please select one of the following options that you would like to claim:

- 1) A temporary flat rate of \$2.00 for each day you worked from home in 2024, up to a maximum of \$500.00 to cover all of your home office expenses **(Not applicable for 2024/2023 years, only 2022-2020)**
 - 2) Home office expenses you paid while working at home due to the COVID-19 pandemic, and you have supporting documents
 - 3) Home office expenses, and may have other employment expenses to claim (such as motor vehicle expense), and you have supporting documents
-

Conditions of Employment:

- 1) Did this employee work from home due to COVID-19?
 - 2) Did you or will you reimburse this employee for any of their home office expenses?
 - 3) Was the amount included on this employee's T4 Slip?
-

Please Select One of the Following Options:

- 1) **Simplified Method (Not applicable for 2024/2023 years, only 2022-2020)**
 - o \$2.00 x Total Number of Days You Worked From Home Due To COVID-19
- 2) **Detailed Method:** [How To Claim - link](#)
 - o Worked more than 50% of the time from home for a period of at least a month (four consecutive weeks) in 2024. The period can be longer than a month.
 - o Have a completed and signed T2200 Form, Declaration of Conditions of Employment for working from home due to COVID-19, from your employer
 - o Kept all your supporting documents

Expenses :

- Electricity, heat, water, Internet fees _____
 - Maintenance (cleaning supplies, light bulbs etc) _____
 - Home insurance (applies to commission employee only) _____
 - Property Taxes _____
 - Office supplies (postage, stationery supplies etc) _____
 - Other expenses (rent etc) _____
-

Rental Property

Includes the Statement of Adjustments for purchase

Please indicate if you are the sole owner of the property or if you have a co-owner:

I'm the sole owner I have a co-owner

If you have a co-owner, please provide their details below:

Name: _____

SIN #: _____ owned: ____%

Date Rental Started (MM/DD/YY): ____/____/____

Date of Purchase (MM/DD/YY): ____/____/____

Address: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Total rental income \$ _____

Expenses (Total Annual Amount)

Advertising \$ _____

Insurance \$ _____

Mortgage Interest \$ _____

Office expenses \$ _____

Legal, accounting & other professional fees \$ _____

Management & administration fees \$ _____

Repairs and maintenance \$ _____

Salaries, wages & benefits \$ _____

Property taxes \$ _____

Travel \$ _____

Utilities \$ _____

Other: _____ \$ _____

Major renovations & purchases (i.e. appliances):

_____ \$ _____

_____ \$ _____

Sale of Real Estate

Includes the State of Adjustments and Trust Leger for **BOTH** the sale and purchase. Also include the sale agreement and purchase agreement.

Please indicate if you are the sole owner of the property or if you have a co-owner:

I'm the sole owner I have a co-owner

If you have a co-owner, please provide their details below:

Name: _____

SIN #: _____ owned: ____%

Address: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Date purchased (MM/DD/YY): ____/____/____

Total purchase price \$ _____

Land transfer tax \$ _____

Legal costs paid on purchase \$ _____

Adjustments and/or major improvements during ownership:

_____ \$ _____

_____ \$ _____

Date sold (MM/DD/YY): ____/____/____

Sale price \$ _____

Legal costs paid on sale \$ _____

Commission paid on sale \$ _____

Other selling expense:

_____ \$ _____

Sale of Investments (not including investments held in your RRSP/TFSA or other registered plans)

If you have slip T5008, please fill in the details for each transaction, or summarize each portfolio.

Include the following documents for ALL NON-RRSP or NON-Registered plans:

- December 31st year end statements
- Realized gain/loss report from broker, cost of book value from broker
- Brokers statement for both purchase and sale (only if realized gain/loss report is not available)

Name of Stock	Date of Purchase (MM/DD/YY)	Date of Sale (MM/DD/YY)	Currency	# of Shares Sold	Sale Proceeds	Commissions	Cost of Shares
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	_____	_____	\$ _____	\$ _____	\$ _____